

## In re Patent Application:

Serial No.

: 10/634,902

Applicant:

: Stephen K. SUNTER

**Filed** 

: August 6, 2003

TC / GAU

: 2829

Examiner

: NGUYEN, TUNG X

Date

: November 4, 2004

Docket No. : LVPAT061US

Customer No: 26668

**Commissioner for Patents** P.O. Box 1450 Alexandria VA 22313-1450 **United States Of America** 

## PAPER B

Sir:

This is in response to the Official Action mailed August 24, 2004.

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 6 of this paper.

11/18/2004 CPARIS

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## PATENT APPLICATION FEE DETERMINATION RECORD Effective Oyber1, 2004

Application or Docket Number

CLAIMS AS FILED - PART I								EN	ITITY		OTHER	THAN
			(Column 1)		(Column 2)		TYPE	TYPE		OR	SMALL	
TOTAL CLAIMS							RATE		FEE		RATE	FEE .
FOR			NUMBER FILED		NUMBER EXTRA		BASIC F	ΕĖ	395,00	OR	BASIC FEE	100°CC
TOTAL CHARGEABLE CLAIMS			minus 20=		*		X\$ 9	= ·		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		*		XXI	=	-	OR	X88 =	1
MULTIPLE DEPENDENT CLAIM PRESE			REȘENT				+150	=	`•	OR	+300=	
* If the difference in column 1 is less than zero, ente				"0" in c	olumn 2	TOTA	L	,	OR	TOTAL		
11/5104 CLAIMS AS AMENDED - PART II											OTHER	THAN
(Column 1) (Column 2) (Column 3)						SMAL	L E	ENTITY	OR	SMALL		
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 13	Minus	** Ć	70	= .	X\$ 9	=		OR	X\$18=	
	Independent	* 4	Minus	***	3	=	XYY	=	44	OR	X535=	
	FIRST PRESE	NTATION OF MU	JUIPLE DEP	ENDEN	CLAIM		+150	-	* 5	OR	+340=	
							TOT			OR	TOTAL	
J.					-1	10.1	ADDIT. F	EE I		10	ADDIT. FEE	<u> </u>
		(Column 1) CLAIMS		(Colur		(Column 3)	7	_	ADDI-	i	· · · · · ·	ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE		TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	= ,		OR	X\$18=	: 1
	Independent	*	Minus	***		=	XY	=		ÒR	XSS=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDEN	CLAIM		-146	Ţ			<del>1</del> 340=	,
							+150			OR	TOTAL	
								AL EE		OR	ADDIT. FEE	L
(Column 1) (Column 2) (Column 3)												. X
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent	*	Minus	***		=	×44	-		OR	×32+	
	FIRST PRESE	JLTIPLE DEF	LTIPLE DEPENDENT								1	
+ 150=										OR	+390=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											